

KENTUCKY BOARD OF CERTIFICATION OF FEE-BASED PASTORAL COUNSELORS
COMMONWEALTH OF KENTUCKY
PO BOX 1360
FRANKFORT KY 40602
502-564-3296

FOR OFFICE USE ONLY

DATE _____
PV NUMBER _____
AMOUNT _____
BOARD REVIEW DATE _____
APPROVED _____
DENIED _____
REVIEWER'S INITIALS _____

Application-2 for Certification as a Fee-Based Pastoral Counselor
Please Print or Type all Information

SECTION 1

1. _____
NAME: LAST FIRST MIDDLE
2. _____ 3. ____/____/____ 4. ____/____/____
MAIDEN OR ANY OTHER NAME EVER USED SOCIAL SECURITY # DATE OF BIRTH
5. _____
STREET CITY STATE ZIP HOME TELEPHONE NUMBER
- _____ BUSINESS ADDRESS WORK TELEPHONE NUMBER
6. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude (including driving while intoxicated, but not including traffic violations) under the laws of any state or of the United States? ____ Yes ____ No--If yes, what offense _____
(Send supporting documentation)
7. Have you ever been discharged or resigned for alleged misconduct or unsatisfactory service from any employment position, from any professional training program, or from any educational program of any college or university? If yes, explain _____
8. Are you credentialed as a Fee-Based Pastoral Counselor, or its equivalent, by any other state? ____ If yes, where _____
9. Do you hold membership in the Kentucky Association of Pastoral Counselors? _____
10. Are you a member in good standing with the American Association of Pastoral Counselors? ____ Yes ____ No
(If yes, you are not required to complete the endorsement section.)
11. What is your level of certification with the American Association of Pastoral Counselors? _____
12. What is your American Association of Pastoral Counselors' membership number? _____
13. Please submit a photocopy of your current American Association of Pastoral Counselors' membership card that displays the membership number.

SECTION 2 -- EDUCATION

School	Name and Location	From Month	To Year	From Month	To Year	Number of Hours or Credits	Degrees Obtained
Undergraduate							
Graduate							
Accredited Pastoral Counseling Training Program							

NAME _____

SECTION 3 -- EXPERIENCE

Begin with your present or most recent job and list fully and accurately the details of each job you have held relating to your professional experience. If you have additional sites of experience, please copy and complete this section.

Employed: From: Mo.____Yr.____ To: Mo.____Yr.____ Title of Position _____ Name of Employer _____ Name of Supervisor _____ Address _____ _____ Telephone Number _____	Describe Your Duties: _____ _____ _____ _____ _____ _____
--	--

Employed: From: Mo.____Yr.____ To: Mo.____Yr.____ Title of Position _____ Name of Employer _____ Name of Supervisor _____ Address _____ _____ Telephone Number _____	Describe Your Duties: _____ _____ _____ _____ _____ _____
--	--

Employed: From: Mo.____Yr.____ To: Mo.____Yr.____ Title of Position _____ Name of Employer _____ Name of Supervisor _____ Address _____ _____ Telephone Number _____	Describe Your Duties: _____ _____ _____ _____ _____ _____
--	--

Employed: From: Mo.____Yr.____ To: Mo.____Yr.____ Title of Position _____ Name of Employer _____ Name of Supervisor _____ Address _____ _____ Telephone Number _____	Describe Your Duties: _____ _____ _____ _____ _____ _____
--	--

NAME_____

SECTION 4 -- CLINICAL SUPERVISION
250 HOURS
(120 HOURS OF THE 250 MUST BE INDIVIDUAL SUPERVISION)

(If additional space is needed to list supervisory hours, please photocopy this page before completing.)

Clinical Supervisor's Name_____

Address_____

Telephone Number_____

Dates Supervised From_____ To_____

Individual Hours_____ Group Hours_____

Clinical Supervisor's Name_____

Address_____

Telephone Number_____

Dates Supervised From_____ To_____

Individual Hours_____ Group Hours_____

Clinical Supervisor's Name_____

Address_____

Telephone Number_____

Dates Supervised From_____ To_____

Individual Hours_____ Group Hours_____

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board.

APPLICANT'S SIGNATURE_____ DATE_____

(Do not print or type)

NAME_____

SECTION 5 -- VERIFICATION OF CLINICAL SUPERVISION
(To be completed by Clinical Supervisor)

Please photocopy this page before completing and request signatory verification from three (3) supervisors.

Clinical Supervisor's Signature_____ **Current Date**_____

Daytime Telephone Number_____

Professional Credentials_____

Total Number of Hours of Clinical Supervision of Applicant_____

Dates of Supervision of Applicant: From_____ **To**_____

Number of Individual Supervisory Hours of Applicant_____

Number of Group Supervisory Hours of Applicant_____

(If former supervisor of applicant is deceased or unavailable for signature, please submit a supervisory report that documents clinical supervision from that former supervisor.)

NAME _____

RELIGIOUS ENDORSING BODY ENDORSEMENT FOR MINISTRY

Applicant's Name _____
Applicant's Address _____

Applicant's Signature

Date

The Kentucky State Certification Board for Fee-Based Pastoral Counselors seeks to maintain the highest standards of quality for its membership. When a minister¹ (see definition below) seeks membership, the Board requires clear validation of both his/her Religious Endorsing body and his/her counseling skills. While it is the responsibility of the Board to determine the applicant's counseling credentials, the Religious Endorsing Body determines the applicant's endorsement for ministry. Therefore, you are being requested to complete this form.

Name of Religious Endorsing Body: _____

Name & Title of Endorsing Official: _____

This endorsement should meet the following stipulations:

- A. Such an endorsement must come only from officials or agencies designated by their Religious Endorsing Body leaders as appropriate endorsers for ministry.
- B. This must be an endorsement stating that the applicant is in good standing and is serving in an approved ministry.

Title & Description of Applicant's Ministry: _____

-
1. Does the applicant's ministry, as described above, have your Religious Endorsing Body's endorsement? ____ Yes ____ No
 2. Is the ministry of the candidate recognized by your Religious Endorsing Body as a regular or specialized ministry? ____ Regular ____ Specialized
 2. In your Religious Endorsing Body, who is the person or group who annually reviews the applicant's ministry? _____
 4. If no regular review is conducted, in what way is the applicant accountable to your Religious Endorsing Body? _____

Signature of Endorsing Official

Date

¹Minister – “Ordained minister or the denominational equivalent” as defined in KRS 335.605 “means a person who has been called, elected, or otherwise authorized by a church, synagogue, denomination, or faith group through ordination, consecration, or equivalent means, to exercise within and on the behalf of the denomination or faith group specific religious leadership and service that furthers its purpose and mission.”

NAME _____

SUPERVISED PASTORAL COUNSELING EXPERIENCE

1,375 HOURS OF SUPERVISED PASTORAL COUNSELING HOURS ARE REQUIRED

NOTE: Please photocopy this page before using if you require additional space.

YEAR

COUNSELING HOURS

SUPERVISOR

[illegible]